

Alaska Power & Telephone P.O. Box 3222 193 Otto Street Port Townsend, WA 98368

> Ph. (360) 385-1733 Fax (360) 385-5177

May 1, 2018

Federal Communications Commission Wireline Competition Bureau Industry Analysis and Technology Division Washington, DC 20554

ATTN: Wireline Competition Bureau Industry Analysis and Technology Division

Re: Form 395-WC Docket No. 16-233

Bettles Telephone, Inc.

To Whom It May Concern,

On behalf of the above referenced company, I submit the attached Common Carrier Annual Employment Report FCC Form 395 for 2018. This company has fewer than 16 employees and has had no equal employment complaints pending or filed against them.

Sincerely,

Mary Jo Quandt

Senior Director of Regulatory Affairs

Bettles Telephone, Inc.

P.O. Box 3222

Port Townsend WA 98368 Phone: (360) 385-1733 x115

Mary Jo Quandt

Fax: (360) 385-5177

Email: maryjo.q@aptalaska.com

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	nation	1								pasio 54.40	,						
Name and Mailing Addres																*****	
Bettles Telephone, Inc. P.O. Box 3222 Port Townsend, WA 98368														Check here if this is a change of address.			
Year Report Filed				Period (End	ing Date of Pa	ау		4. Number	of Full-Time E	1							
2018			3-25-	overed by Re 2018	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Emp	loyee	s,															
			Number of Employees (Report employees in only one category)														
Job			Race/Ethnicity														
Categories			anic or		Not-Hispanic or Latino											Total	
				Male							Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1												-			0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	

SECTION III - Part-Time Emplo	oyees.						Nue	bor of Emple	wone							
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	F	Hispanic or		Not-Hispanic or Latino												
	Latino		Male							Female						
	Male	e Female	White	Błack or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
	А	В	С	D	E	F	G	Н	ı	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	
SECTION IV - Report of Discri	mination Co	omplaints Pursu	ant to 47 CF	R 22,321 , 2 3,5	55, 90.168, 10	1.4, and 101	.311.					-				
This is to advise th company before ar	ny body havii	ng competent juri	sdiction in su	ch matters du	ing the calend	lar year cove	red by this rep	ort,								
(Attach a list indica																
SECTION V - Certification I certify that to the best of my kr	nowledge inf	ormation, and be	lief all statem	ents in this re	nort are true a	and correct.						7				
		ited Name of Per	Signature						Telephone No.							
	* '	l Garrett	, ,			7	rich	uf y	Free	rett	.		982-013	6		
Title of Person Signing President/CEO						TEMĒNTS M	ADE ON THIS	FORM MRE	PUNISHABL	E BY FINE AN	ID/OR IMPRI			1) AND/OR RI	EVOCATIO	